



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Care Safety and Quality  
99 Chauncy St., 11<sup>th</sup> Floor  
Boston, MA 02111

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Tel: 617-624-6000  
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**CIRCULAR LETTER: DHCQ-16-4-660**

**TO:** Acute Care Hospital Chief Executive Officers

**FROM:** Eric Sheehan, Interim Director, Bureau of Health Care Safety and Quality  
Michael Sinacola, Interim Deputy Director, Bureau of Health Care Safety and Quality *MS*

**RE:** Submission of Trauma Data

**DATE:** April 20, 2016

Please note that this circular replaces the version dated April 30, 2008; DHCQ 08-03-483

The purpose of this memo is to serve as an update regarding changes being made to the Trauma Registry system and data collection requirements for patients who receive medical care for traumatic injuries within Massachusetts hospitals. On March 12, 2004, the Department of Public Health (the Department) promulgated hospital licensure regulations for the provision of trauma data (105 CMR 130.850 - .854) to the Center for Health Information and Analysis (CHIA) (formerly the Division of Health Care Finance and Policy) by hospitals providing trauma care.

As required by 105 CMR 130.851 (D): a hospital providing trauma services as a designated trauma center must:

*Provide to the Division of Health Care Finance and Policy the designated trauma center data set to be specified in administrative requirements jointly developed by the Department and the Division of Health Care Finance and Policy, and promulgated by the Department,*

As required by 105 CMR 130.852 (A), a hospital that is not a designated trauma center but provides trauma care as part of its emergency service must:

*Provide to the Division of Health Care Finance and Policy the trauma service hospital data set to be specified in administrative requirements jointly developed by the Department and the Division of Health Care Finance and Policy.*

The Department and CHIA have completed the development of the trauma data requirements for the system upgrades to be used by hospitals for data submission to the State Trauma Registry. The trauma data submission due date will begin on July 15, 2016 with Quarter 1 (10/1/2015 – 12/31/2015) and Quarter 2 (1/1/2016 – 3/31/2016) data. These Quarters will be the first to include ICD-10 coding.

If hospitals are unable to collect ICD-10 coding until January 1, 2016, then Quarter 1 (10/1/2015 – 12/31/2015) must be submitted on or before May 31, 2016 through the current SENDS/INET system with the existing data elements listed on Circular Letter dated April 30, 2008 (DHCQ 08-03-483).

A Trauma Patient is defined as a patient sustaining a traumatic injury and meeting the following criteria as a principal or primary diagnosis for the state trauma registry:

#### **ICD-10-CM starting 10/1/2015**

S00 – S99 with 7<sup>th</sup> character modifiers of A, B, or C only (injuries to specific body parts – initial encounter)

T07 (Unspecified multiple injuries)

T14 (Injury of unspecified body region)

T20 – T28 with 7<sup>th</sup> character modifier of A only (Burns by specific body parts – initial encounter)

T30 – T32 (Burn by TBSA percentages)

T79.A1 – T79.A19 (upper extremity) T79.A2 - T79.A29 (lower extremity) with 7<sup>th</sup> character modifier of A only (Traumatic compartment syndrome (extremity only) – initial encounter)

T75.1 with 7<sup>th</sup> character modifiers of A only (Unspecified effects of drowning and nonfatal submersion – initial encounter)

T71 with 7<sup>th</sup> character modifiers of A only (Asphyxiation / strangulation – initial encounter)

#### **Excluding the following isolated injuries:**

S00 (Superficial injuries of the head)

S10 (Superficial injuries of the neck)

S20 (Superficial injuries of the thorax)

S30 (Superficial injuries of the abdomen, pelvis, lower back, and external genitals)

S40 (Superficial injuries of the shoulder and upper arm)

S50 (Superficial injuries of the elbow and forearm)

S60 (Superficial injuries of the wrist, hand, and fingers)

S70 (Superficial injuries of the hip and thigh)

S80 (Superficial injuries of the knee and lower leg)

S90 (Superficial injuries of the ankle, foot, and toes)

Late effect codes, which are represented using the same range of injury diagnosis codes but with the 7<sup>th</sup> digit modifier code of D through S, are also excluded.

#### **AND**

#### **Patient Admission Definition:**

- Hospital inpatient admission; **OR**
- Observation stay admission; **OR**
- Transfer patient via EMS transport (including air ambulance) from one hospital to another hospital (includes inpatient or observation or emergency department); **OR**
- Death (independent of hospital admission source or hospital transfer status)

**Note:** When coding out all the variable fields, use the best code to describe the direct injury or the information surrounding how the injury occurred. Avoid using non-specified codes unless there is no other code that is better suited for the field after reviewing all the necessary documentation around the injury.

The following table shows the required data elements for designated trauma centers and non-trauma centers.

<b><u>Field Name</u></b>	<b><u>(R)equired (C)onditionally Required</u></b>	<b><u>Non- Trauma Centers</u></b>	<b><u>Trauma Centers</u></b>
FilingOrgId	R	X	X
SiteOrgID	R	X	X
Inter-Facility Transfer	R	X	X
SiteOrgID of Transferring Hospital	C <sup>1</sup>	X	X
Discharge Time from Transferring Hospital	Retired June 2016	X	X
EMS Unit Departure Time from Scene and Transferring Hospital	R	X	X
ED/Hospital Admission Date	R	X	X
ED/Hospital Admission Time	R	X	X
Location of Direct Admission	Retired June 2016	X	X
Medical Record Number	R	X	X
Social Security Number	R	X	X
Date of Birth	R	X	X
Gender	R	X	X
Patient's Home Street Address	R	X	X
Patient's Home City	R	X	X
Patient's Home Zip/Postal Code	R	X	X
Injury Incident Date	R	X	X
Injury Incident Time	R	X	X
Work-related	R	X	X
Incident City	R	X	X
Incident State	R	X	X
Transport Mode	R	X	X
Alcohol Use Indicator	C <sup>2</sup>		X
Drug Use Indicator	C <sup>3</sup>		X
Primary Ecode ICD-9-CM	Retired June 2016	X	X
ICD-10-CM Primary External Cause code	R	X	X
Location Ecode ICD-9-CM	Retired June 2016	X	X
ICD-10-CM Location External Cause Code	R	X	X

Initial ED/Hospital Glasgow Eye Component in ED	C <sup>4</sup>		X
Initial ED/Hospital Glasgow Verbal Component in ED	C <sup>5</sup>		X
Initial ED/Hospital Glasgow Motor Component in ED	C <sup>6</sup>		X
Glasgow Coma Score Total in the ED	C <sup>7</sup>		X
Glasgow Coma Score Assessment Qualifier in the ED	C <sup>8</sup>		X
Respiration Rate	R	X	X
Systolic Blood Pressure	R	X	X
Pulse Rate	R	X	X
ICD-9-CM Diagnosis Code	Retired June 2016	X	X
ICD-10-CM Diagnosis Code	R	X	X
AIS (numerical identifier for predot code and severity code)	R		X
AIS Version	R		X
Protective Devices	R		X
Child Specific restraint	C <sup>9</sup>		X
Airbag Deployment	C <sup>10</sup>		X
Co-Morbid Conditions	R		X
Complications	R		X
Patient's Home Country	C <sup>11</sup>	X	X
Patient's Home County	C <sup>12</sup>	X	X
Alternate Home Residence	R	X	X
Age	R	X	X
Age Units	R	X	X
Race	R	X	X
Ethnicity	R	X	X
Patient's Occupational Industry	C <sup>13</sup>		X
Patient's Occupation	C <sup>14</sup>	X	X
ICD-9 Additional External Cause Code	Not being added		X
ICD-10-CM Additional External Cause Code	R		X
Incident Location Zip/Postal Code	R	X	X
Incident Country	R		X
Incident County	R		X
Report of Physical Abuse	R	X	X
Investigation of Physical Abuse	C <sup>15</sup>		X
Caregiver at Discharge	C <sup>16</sup>		X
EMS Dispatch Date	R	X	X
EMS Dispatch Time	R	X	X
EMS Unit Arrival Date at Scene or Transferring Facility	R	X	X

EMS Unit Arrival Time at Scene or Transferring Facility	R	X	X
EMS Unit Departure Date from Scene or Transferring Facility	R	X	X
Other Transport Mode	R		X
Initial Field Systolic Blood Pressure	R		X
Initial Field Pulse Rate	R		X
Initial Field Respiratory Rate	R		X
Initial Field Oxygen Saturation	R		X
Initial Field GCS - Eye	R		X
Initial Field GCS - Verbal	R		X
Initial Field GCS - Motor	R		X
Initial Field GCS - Total	R		X
Trauma Center Criteria	R		X
Vehicular, Pedestrian, Other Risk Injury	R		X
Pre-Hospital Cardiac Arrest	R	X	X
Initial ED/Hospital Temperature	R		X
Initial ED/Hospital Respiratory Assistance	R		X
Initial ED/Hospital Oxygen Saturation	R		X
Initial ED/Hospital Supplemental Oxygen	R		X
Initial ED/Hospital Height	R		X
Initial ED/Hospital Weight	R		X
ED Discharge Disposition	R	X	X
Signs of Life	R		X
ED Discharge Date	R	X	X
ED Discharge Time	R	X	X
ICD-9 Hospital Procedures	Not being added		X
ICD-10-CM Hospital Procedures	R		X
Hospital Procedure Start Date	R		X
Hospital Procedure Start Time	R		X
Total ICU Length of Stay	R		X
Total Ventilator Days	R		X
Hospital Discharge Date	R	X	X
Hospital Discharge Time	C <sup>17</sup>		X
Hospital Discharge Disposition	R	X	X
Primary Method of Payment	R	X	X
DPH Facility Identification Numbers	R	X	X
Service Level	R		X

The trauma registry will be collecting Abbreviated Injury Scale (AIS) version 2005/2008 starting in June 2016. The license is being obtained to allow the state trauma registry system to collect

and maintain the AIS 2005/2008 code in the database. All other versions of the AIS will not be accepted in the database as of June 2016.

Hospitals shall submit data in accordance with trauma data submission specifications containing full file layout information file components, edit specifications, and future technical specifications which shall be available shortly under the State Trauma System heading at <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/oems/trauma-data/public-health-oems-trauma-system.html>.

Note: Hospitals with affiliations may share resources for abstraction and submission of the trauma registry data into the state. The hospitals need to make sure the hospital filing number represents the submitting hospital and the hospital submitting number represents the receiving hospital.

If the hospital with affiliations runs under one license, the hospital should submit the trauma cases under the appropriate hospital submitting number that is designated for the establishment that received the trauma case.

Hospitals must contact the state trauma registry when there are any changes in trauma registry personnel, email addresses, or changes in designation. The contact information needed is as follows: the name of the trauma registry contact(s), phone number(s), email address(es) and title(s). Please submit updated contact information to [Bertina.Backus@state.ma.us](mailto:Bertina.Backus@state.ma.us).

Hospitals shall submit trauma data quarterly. After the first submission deadline on **July 15, 2016**, trauma data submission shall be due according to the following schedule:

<b>July 15, 2016</b> , trauma data submission shall be due according to the following schedule: <b>Quarter</b>	<b>Quarter Begin &amp; End Dates</b>	<b>Due Date for Data File: 75 days following the end of the reporting period</b>
1	10/1 – 12/31	3/16
2	1/1 – 3/31	6/14
3	4/1 – 6/30	9/13
4	7/1 – 9/30	12/14

The Division may, at its discretion, and for good cause, grant an extension in time to a hospital submitting trauma data.

If the Division notifies a hospital that it is required to resubmit data because the submission was rejected **or as part of a data verification process**, the hospital must submit its data no later than 30 days following the date of the notice to resubmit. If the data is resubmitted after 60 days, the hospital will need to notify the trauma registry in order to unlock the flag field, signifying which submission file was most recently received.

The Division shall institute appropriate administrative procedures and mechanisms to ensure that it is in compliance with the provisions of M.G.L. c. 66A, the Fair Information Practices Act, to the extent that the data collected thereunder are "personal data" within the meaning of that statute. In addition, the Division shall ensure that any contract entered into with other parties for the purposes of processing and analysis of this data shall contain assurances that such other parties will also comply with the provisions of M.G.L. c. 66A.

The Department may revise the specifications or other administrative requirements from time to time by notice of circular letter.

For questions regarding the Trauma registry, please contact Bertina Backus, at 617-753-8013, or [Bertina.Backus@state.ma.us](mailto:Bertina.Backus@state.ma.us). For other questions regarding this correspondence please contact Michael Sinacola, at 617-753-8102, or [Michael.Sinacola@state.ma.us](mailto:Michael.Sinacola@state.ma.us).